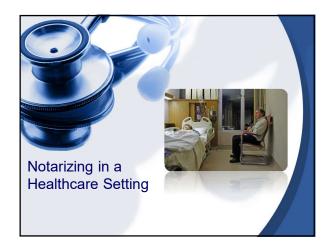


Agenda Best Practices Notarizing in a Healthcare Setting Procedures Universal Healthcare Documents



Best Practices

- Personal Appearance Remote Notarization
- Proper Identification
- Determine Willingness and Awareness
- Journal Completion
- Scan Documents
- Sign and Stamp



• Just as physicians take an oath to treat their patients with certain care, so Notaries Public should pledge to treat every requestor with dignity and respect with the outcome of doing no harm. • Just as physicians take an oath to treat their patients with certain care, so Notaries Public should pledge to treat every requestor with dignity and respect with the outcome of doing no harm.

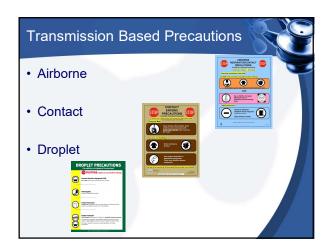




Standard Precautions Treat all blood and body fluids from every patient or resident as if it were infectious. Prevention Personal Protective Equipment (PPE) Safety Equipment Best Practices







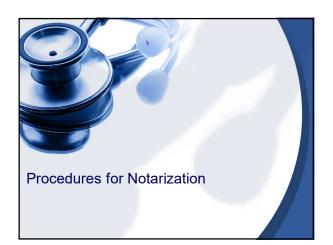
Patients are located in negative airflow rooms. Notary - Gown / Gloves / Eyewear – TB – Measles – Chicken Pox / Shingles – SARS – Smallpox

Patient's rooms will be clearly marked as "Contact Isolation." Notary – Gown / Gloves – MRSA – VRE – C Diff – RSV – Lice or Scabies

Risk of Microorganisms transmitted by coughing, sneezing Notary – Mask / Eye Shield Influenza Bacterial Meningitis Whooping Cough Some types of Pneumonia

Bloodborne Pathogens

- Transmitted through mucous membranes or open wounds – NOT through the air or casual contact.
- Needle stick
- Contact between infectious materials and eyes, nose, mouth, exposed opening in skin
 - -HIV
 - HBV
 - HCV



Procedures for III and Handicapped Document Signers

- Determine Willingness and Awareness
 - Speak with the document signer alone
 - Watch for coercion
 - Must be able to communicate with the signer
- Coherent Communication
 - What about unconsciousness or coma?
 - Medications
 - Stoke or loss of voice

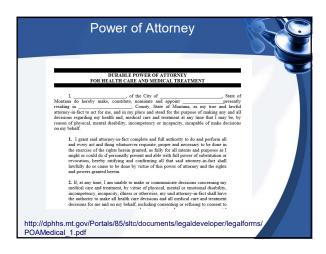


Procedures for III and Handicapped Document Signers

- Proper Identification
 - Review ID provided by the signer
 - Take into consideration the signer's physical condition
- · Conflict of Interest
 - Notary should not be a beneficiary
 - If functioning as an employed Notary, know your company policy.

Procedures for III and Handicapped Document Signers • Age • Mental IIIness





Advanced Directives
Montana Department of Justice Office of Consumer Protection MONTANA MO
Full Name: Pease perit These directions apply only in situations when I am not able to make or communicate my health care choices directly. Put an X through any sections you are not completing at this time. 1. Terminal Conditions (Living Will) I provide these directions in accordance with the Mosterian Bights of the Terminally III Act. These are my weekers for the lead of treatment word of careful communicate or make your own decisions. These directions are only valid if both of the following two conditions exist: 1. I have a terminal condition, and
 in the opinion of my attending physician, I will die in a relatively short time without life sustaining treatment that only prolongs the dying process. lauthorize my Representative. If I have appointed one, to make the decision to provide, withhold, or widnow any health care freatment.
General Treatment Directions
Check the boxes that express your wishes:

		OLST Form
HIPAA PE	ERMITS DISCLOSURE OF POLST TO O	OTHER HEALTH CARE PROVIDERS AS NECESSARY Revised 3/91/2014
	tana Provider Orders For L NUST BE SIGNED BY A PHYSICIAN, PA OF APRIN IN SECTION D TO BE VALID	Life-Sustaining Treatment (POLST) Patient's List Name: Batteri's First Name:
Provide the	any section is NOT COMPLETE: a most treatment included in that section	Date of Birth:
EMS: If questions/concerns, contact Medical Control. Section Treatment Options: Ir patient does not		Male Female
A Select only one box	Attempt Resuscitation (CPR)	Do Not Attempt Resuscitation (DNR)
wound care of other measures. Use onygine to the form of the measures. Use onygine of the measures of the measures of the measurement of the measurement of the measurement of constort. Generally Aread to the Tell Treatment of the Measurement		les adrois l'acteritique du differing frauquit plus se et medication by any route, positioning, auction and manual trassitante et annues postucionis an excede for time de consecution de l'acceptant de la consecution de facilité de la consecution de la consecution de facilité de la consecution de la consecution de la consecution de la consecution de participat de la consecution de participat de la consecution de participat de la consecution de participat de participat de la consecution de participat
Section C Artificially Administered Nutrition: (Offer food and fluid by mouth if feasible and/or desired) C Mo Artificial Nutrition by Tube.		

Contact Information

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Greeley, CO 80634

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970-810-6477